

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of Payson

or \_\_\_\_\_

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

2. Full name of child Nelson Almo Packard

If child is not yet named, supplemental report, as directed

3. Sex of Child Male  
To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? Yes5. No., in order of birth 17. Date of birth May 26  
Month Day

8. FATHER

Full name Robert Bruce Packard9. Residence (Usual place of abode) Payson Ariz  
If nonresident, give place and state10. Color or race White  
11. Age at last birthday 34 (Years)12. Birthplace (city or place) Ariz  
(State or country)13. Occupation Farmer  
Nature of industry20. Number of children of this mother  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0

14. MOTHER

Full maiden name Mabel Inez Ezzel15. Residence (Usual place of abode) Payson Ariz  
If nonresident, give place and state16. Color or race White  
17. Age at last birthday 2218. Birthplace (city or place) Ariz  
(State or country)19. Occupation Housewife  
Nature of industry21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 P m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. RisherAddress Payson Ariz

(Physician or midwife)

Given name added from \_\_\_\_\_

supplemental report \_\_\_\_\_  
Month, day, year.

Registrar.

Filed May 28 1928 C. H. Risher

Filed \_\_\_\_\_ 19\_\_\_\_ Local Registrar

Coul

574-526-453